

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18752

State File No. _____

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Sarah Lula Threlkeld

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James Threlkeld 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 17, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 6 2 hr. _____ min.

9. Birthplace Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name William Grimes
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Price
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl Croft
(b) Address Marion, Ky.

17. (a) Burial (b) Date thereof 4/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richland Cem.

18. (a) Signature of funeral director J. L. HOOPS & SONS.
(b) Address Crocker, Mo.

19. (a) 5-12-1943 (b) J. M. Scott
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Waynesville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1943 hour 6 minute 10 A. M.
21. I hereby certify that I attended the deceased from 1-1-42
to 4-19-43, 19____
that I last saw h. er alive on 4-19-43, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral aneurysm Duration 2 days
Due to _____
Due to _____
Other conditions Essential Hypertension 2 yrs.
(Include pregnancy within 3 months of death)

Major findings: 83a1
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature C. Miller M.D. (M. D. or other)
Address Waynesville, Mo. Date signed 4-30-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1170

RECEIVED

Pulaski County Health Officer

File Number 45-43-58

Date Filed 5-28-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Crocker Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.